

Document Type: **Statement of Change - LLC Principal Address/Stat Agent**

Document Fee: **\$5.00**

Entity Name: **THE THERAPY DOCTOR PLLC**

Additional Fee: **\$0.00**

Entity Information

Entity Name: THE THERAPY DOCTOR PLLC

Entity Type: Domestic Professional LLC

Entity ID: P21606400

Management Structure: Manager - managed

Entity Email Address: dr.amber@aztherapydoc.com

Formation Date: 02/13/2017

Status: Active

Effective Date: 08/18/2022

Effective Time: 06:16PM

I am the Statutory Agent for this entity changing only the Statutory Agent address ☒ Yes ☐ No

Statutory Agent Information

Name

Attention

Address

Email

AMBER L ENRIGHT

1675 E Morten Ave #3129, PHOENIX, AZ,
85020, USA

dr.amber@aztherapydoc.com

Attention

Mailing Address

1675 E Morten Ave #3129 PHOENIX, AZ, 85020, USA

Principal Address

Attention

Address

1675 E MORTEN AVE #4155 , PHOENIX, AZ, 85020, USA

Uploaded Attachments

You may upload any attachment as a **.pdf file**.

File Name

The Therapy Doctor Proof of Address PDF.pdf

Signature

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

☒ I Agree

Signature: Amber L Enright PT, DPT

Title: Authorized Agent



The Therapy Doctor


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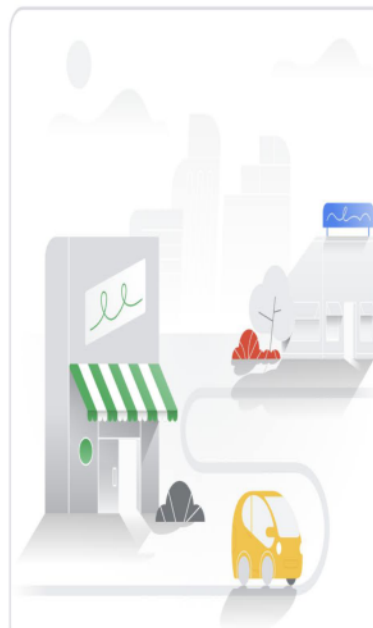
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